

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10-750-479

FILING DATE

12-31-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		3				
12		3				
13	1					
14		1				
15						
16						
17		4				
18	1					
19		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	36	→	→	→		
TOTAL CLAIMS	39	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS		████████	████████	████████	████████	████████